U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 9355	2 Fiscal Year Covered From
	2 / 1 / 2004 Through 1 / 31 / 2005
Name and address of person filing	4 Name, file number, and address of labor organization
Name Michael D Walter	Name I.B.E.W. Local 1439
	Labor Organization File Number 04557
P.O Box, Bidg , Room No , if any	PO Box, Building and Room Number, if any
Street 3061 Arrowhead Pt. Dr.	Street 2121 59th Street
City St. Louis	City St Louis
State Missour: ZIP Code + 4 63129	State Missouri ZiP Code + 4 63110
5 Position in labor organization Business Representative	
Name and address of Employer (including trade name, if any)  Name Nothing to report  Trade Name, if any	7 a Nature of Interest, Transaction, or Income
P.O Box, Skig., Room No., # any	7.b Amount
Street	
City	
State ZIP Code + 4	
	Signature
15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any accor- undersigned's knowledge and belief, true, correct, and complete (See t	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.)
Signed Shi charle & Malto	On 8-12-05 314-644-6111

Telephone Number

Date

Name of Person Filing Michael Walter	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested		
8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Nothing to report	a Labor Organization	
Trade Name, if any	b Trust	
PO Box, Bldg , Room No , if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10 If 9 b or 9 c. is checked give trust or employer's name	11.a Nature of such dealing	
Namo		
Trade Name, if any		
PO Box, Bldg , Room No , if any		
Street	11 b Approximate dollar value of such dealing	
City	12 a Nature of Interest held or income received	
State ZIP Code + 4		
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.	
Name		
Trade Name, if any		
PO Box, Bidg, Room No, if any		
Street		
City		
State ZIP Code + 4		
13.b. is the Business an Employer or Consultant ?	14 b Amount of payment.	